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PTO/SB/21 (08-00)

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\$2856

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	09/904,634
		Filing Date	07/13/2001
		First Named Inventor	Ami Chand et al.
		Group Art Unit	2856
		Examiner Name	D. S. Larkin
Total Number of Pages in This Submission		Attorney Docket Number	528.078

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jay G. Durst, Reg. No. 41/723 Boyle Fredrickson Newholm Stein & Gratz, S.C. 250 East Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
Signature	
Date	December 9, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop-Reply to Restriction Requirement, Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450 on this date: December 9, 2003

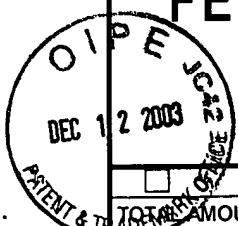
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.



TOTAL AMOUNT OF PAYMENT \$420.00

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number 50-1170
Deposit Account Name Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
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to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	770	201	385
106	340	206	170
107	530	207	265
108	770	208	385
114	160	214	80

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3**=	X	=	
Multiple Dependent		X	=	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	86	202	43
104	290	204	145
109	86	209	43
110	18	210	9

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify) _____

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SUBTOTAL (3)

\$420.00

Complete (if applicable)

SUBMITTED BY	Jay G. Durst	Registration No. (Attorney/Agent)	41,723	Telephone	(414) 225-6300
Signature	<i>Jay G. Durst</i>			Date	December 9, 2003

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